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Second S	3. NAME OF DECEASED First	3. NAME OF DECRASED STEAM		_	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Audrain INSTITUTION County Hospital INSTITUTION County Hospital Inside Limits ADDRESS 1023 East Monroe Reside of ADDRESS Yes X No 1023 East Monroe
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Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at	222. SIGNATURE (Degree of title) 222. DATE (Degree of title) 222. DATE (Degree of title) (Degree of ti		EM NO.	-	Burial 2-8-62 Elmwood Cemetery Mexico, Missouri
Death occurred at	23a. Burial, Cremation, 23b. Date 23c. Name of Crematory 23d. Location (City, town, or county) Burial 2-8-62 Elmwood Cemetery Mexico, Missouri	REMOVAL (Specify) Burial 2-8-62 Blimwood Cemetery Mexico, Missouri 24. FUNERAL DIRECTOR ADDRESS ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE (1) ADDRESS 26. REGISTRAR'S SIGNATURE (2) DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE (3) DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE (4) Company of the co	Å <u>E</u> <u> </u> ≅	· _	Arnold Funeral Home, Mexico, Mo Feb 7-1962 Scenche 1000

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	DI TOUR D
StudentSignature of Student Embalmer	Signed Juchard Malonall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.